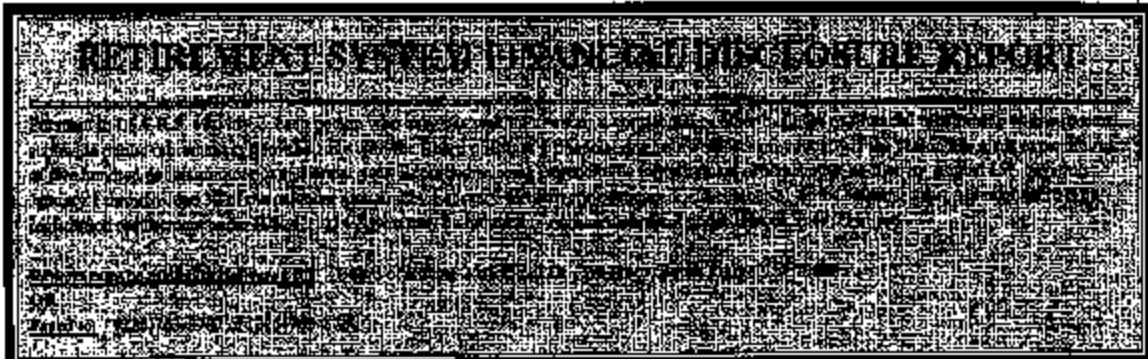


2005-005



REPORT COVERING:

JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15

JANUARY 1 through DECEMBER 31, _____ - DUE BY FEBRUARY 15

FOR OFFICE USE
ONLY
Postmark Date: _____

1. Name: Reeves Christie
Last: _____ First: _____ MI: _____

2050582

2. Business Address: 1807 Tower Dr. Monroe La 71201
Street and No. _____ City: _____ State: _____ Zip: _____

Mailing Address: P O Box 7232

3. Business Phone: 318-362-7702
Area Code and Telephone Number

4. Employer: Regions Morgan Keegan Trust

5. Employer's address: 1807 Tower Dr Monroe La 71201
Street and No. _____ City: _____ State: _____ Zip: _____

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30?

Yes

No

NA

From July 1 through December 31?

Yes

No

NA

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30?

Yes

No

NA

From July 1 through December 31?

Yes

No

NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

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8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

Municipal Police Employees Ret Sys.

- 1) a. Name of Retirement System: Municipal Police Employees Ret Sys.
b. Total of all expenditures made January 1 through June 30: \$ 1690.64
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 1690.64

- 2) a. Name of Retirement System: _____
b. Total of all expenditures made January 1 through June 30: \$ _____
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ _____

- 3) a. Name of Retirement System: _____
b. Total of all expenditures made January 1 through June 30: \$ _____
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Christie Pease

Signature of Filer